

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005115

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 24

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sikeston, Mo.

Length of stay in 1b

17 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONMo. Delta Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Scott

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN Sikeston

d. STREET ADDRESS (If outside, give location)

617 Daniel

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William Edgar Evans

4. DATE OF DEATH

Month

Day

Year

Jan. 29 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/8/73

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ginner-Operator

10b. KIND OF BUSINESS OR INDUSTRY

Cotton Gins

11. BIRTHPLACE (City and state or country)

Colt, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Tom Evans

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Elsie Lockwood Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs. Elsie Evans-Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CORON. ART. OCCLUSION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ART. SCLER. HEART DIS.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 1962 and last saw him alive on 1.29.62.
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carl G. Popper M.D.

22b. ADDRESS

Sikeston

22c. DATE SIGNED

1.29.62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/1/62

23c. NAME OF CEMETERY OR CREMATORY

Garden of Memories

23d. LOCATION (City, town, or county)

Sikeston, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.S. Smith Funeral Home - C'ville, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 1, 1962

26. REGISTRAR'S SIGNATURE

Jeannette Waldman

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. Dewey Fike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo.*

Permit issued

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.